PART B - FEE(S) TRANSMITTAL

omplete and send his form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or Fax

INSPUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All furths correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

07/16/2004

JULIE BLACKBURN REVLON CONSUMER PRODUCTS CORPORATION LAW DEPARTMENT 625 MADISON AVENUE NEW YORK, NY 10022

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (203) 746-4000, on the date indicated below.

(Depositor's name) David/M. Hi September 24, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/037,128	03/09/1998	DOUGLAS DEAN SCHOON	REV-98-5	6767	

TITLE OF INVENTION: ARTIFICIAL NAIL COMPOSITIONS AND RELATED METHOD

1	APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
ı	nonprovisional	NO	\$1330		\$0	\$1330	10/18/2004			
1	EXAM	IINER	ART UN	nr	CLASS-SUBCLASS	1	,			
1	WEBMAN, EDWARD J		1617		424-061000	J	•			
•	 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			listed, no name will be printed.						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
ŧ	PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
	(A) NAME OF ASSIGNI	EE	(1)) RESIDENC	CE: (CITY and STATE OR COL	UNTRY)				
	Creative Nail Design, I	Inc.		/ista, CA			•			
]	Please check the appropriate	assignee category or catego	rics (will not be pr	inted on the p	atent); 🗖 individual 🚨 c	orporation or other private g	roup entity Government			
4	a. The following fee(s) are	enclosed:	45	. Payment of	Fee(s):		•			
	☑ Issue Fee			☑ A check in the amount of the fee(s) is enclosed.						
☐ Publication Fee (No small entity discount permitted)		d)	☐ Payment by credit card, Form PTO-2038 is attached,							
	☐ Advance Order - # of	Copies		The Direct Deposit Acc	ctor is hereby authorized by chount Number 23-0420	narge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).			
-	5. Change in Entity Status	(from status indicated above	:)				•			
	a. Applicant claims SM	IALL ENTITY status, See 3	7 CFR 1.27.	🛭 b. Applica	ant is not claiming SMALL ENT	FITY status. See, e.g., 37 CF	R 1.27(g)(2).			
i	NOTE: The Issue Fee and Ponterest as shown by the Accordance Authorized Signature	ablication Fee (if required) yords of the United Starts Pate	will not be accepted ent and Trademark (Date) September 2	from anyone Office. 4, 2004	ny) or to re-apply any previously e other than the applicant; a regi	stered attorney or agent; or t	he assignee or other party in			
i s t I	This collection of information application. Confidentialist ubmitting the completed aphis form and/or suggestions loss 1450, Alexandria, Virgi	in is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT for reducing this burden, st nia 22313-1450. DO NOT	11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR C	n is required 1.14. This col depending u c Chief Infort COMPLETEI	to obtain or retain a benefit by t lection is estimated to take 12 r on the individual case. Any co nation Officer, U.S. Patent and D FORMS TO THIS ADDRESS	he public which is to file (an minutes to complete, including mments on the amount of the Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,			

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 07/04) Approved for use through 04/30/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

09/29/2004 AWONDAF2 00000135 09037128